FORM 10

Page ____ of ____



MONTHLY

DISPOSAL QUANTITY REPORTING FOR USE BY TRANSFORMATION FACILITY OWNERS/OPERATORS ORIGIN SURVEY

Facility Name:	Facility SWIS No.:					
Facility Address:						
Facility Contact Person (print):	Signature:					
Phone No.:						
Frequency of Survey (Check one <u>only</u>): Daily Methods used to determine jurisdiction of origin:	☐ Continuous ☐ Other (attach explanation)				
☐ origin obtained from hauling company records	□ origin obtained from other facility operators					
\square origin obtained from haulers at gatehouse	□ other					
Total Tonnage of waste incinerated in the month as repo	orted to the California Board of Equalization:	_ tons				
Enter the name and address of the facility(s) receiving the disposal:	ne exported residual ASH (by quantity) for beneficial use	and/or				

J=Jurisdiction U=County Unincorporated Area (Indicate one)

Enter "J" or "U"	Name of Jurisdiction	Total Received	BREAKDOWN OF SOLID WASTE QUANTITIES (TONS)							ASH QUANTITY (TONS)	
			Alternative Daily Cover	Alternative Intermediate Cover	Beneficial Reuse Reuse	Recycled/ Reused Reused	Composted	Transformed	Landfilled (non- ash)	Beneficial Use	Landfilled
	TOTAL										

^{*}Use duplicated forms if more than eight jurisdictions

Notes:

- 1. This form should be used by transformation facility owners/operators operating in Los Angeles County.
- 2. No later than two and a half months after the end of each calendar quarter, the transformation facility owner/operator shall complete this form and forward it to the Los Angeles County Department of Public Works, Environmental Programs Division, PO Box 1460, Alhambra, CA 91802-1460.
- 3. A copy of this form and all data used to complete this form must be retained by the transformation facility owner/operator for a period of three years and shall be made available for review upon request during business hours.